TREATMENT GUIDELINES FOR HEALTH STAFF
Attention-Deficit/Hyperactivity Disorder (AD/HD)

COMMON SYMPTOMS OF AD/HD		
Inattention	**Impulsivity**	**Hyperactivity**
• Easily distracted or failing to pay attention and stay on task • Difficulty following or understanding instructions • Loses things that are needed to complete tasks • Disorganized and has difficulty prioritizing tasks • Makes careless mistakes • Fails to pay attention to details • Seems not to listen when spoken to • Is forgetful • Avoids tasks that involve effort • Gives up easily on effortful/difficult tasks • Poor time management	• Impatient, difficulty waiting their turn in conversation or games • Blurts out comments • Interrupts or intrudes on others • Annoys or bothers others • Acts without regard for consequences • Mood swings and emotional dysregulation • Difficulty controlling anger, low frustration tolerance	• Restless, fidgety/squirming, touching things • Difficulty doing tasks quietly • Often leaves seat when remaining seated is expected • Constantly moving • Excessive talking or noises • Difficulty doing tasks quietly
NOTE: Because there are different subtypes of AD/HD including one that primarily presents with more attention problems than hyperactivity and impulsivity, some people refer to the disorder as "ADD" rather than "AD/HD." Students with AD/HD may present at the health and wellness center (HWC) with problems that are not core symptoms of ADHD, including mood swings and mood dysregulation, irritability and difficulty controlling anger, agitation, anxiety, sleep problems, accidental injuries, aggressive behavior, and mental fatigue.		

Authorized health and wellness staff may treat symptoms and associated features of AD/HD as follows:

WHAT TO DO FIRST

1. Provide a private, supportive space where the student feels safe to talk. Ideally, the space should have room enough for student to move around, if needed.
2. Movement can be helpful when someone is feeling hyperactive, fidgety and/or anxious. Consider walking with the student or offering them a fidget object such as a rubber bands, paper clips, a stress ball, or other small objects that can be manipulated in a student's hands.
3. If the student is upset or agitated, speak in a calm tone of voice. Avoid saying phrases like *"**Calm down**"* and *"**Relax**"* as these statements are not helpful.
4. Suggest (say) to the student, ***"Taking several deep breaths can help to calm the nervous system. I will show you how. We can do it together."*** If the student is open to the suggestion, provide gentle coaching: ***"Breathe in slowly through your nose and then breathe out slowly through your mouth."*** Repeat these 3 to 5 times. Ask, ***"How do you feel now?"*** If the student says that the breathing exercise was helpful, you can offer to continue taking a few more deep breaths together, if needed.

5. Try to help the student identify and label how they are feeling. For example: ***"It looks like you are upset or frustrated about something."*** This can help the student calm down and regain a sense of control. Allow the student to correct you with a different feeling word, as needed. The point is to get the student talking about how they are feeling and why.

ASSESS SYMPTOMS AND BEHAVIORS

1. Listen to the student non-judgmentally and with empathy and genuine concern.
2. Give the student as much personal space and sense of control as possible.
3. Allow the student to express their current feelings and concerns. Acknowledge the student's feelings. For example, ***"I can see you're having a hard time right now"*** or ***"I can see how that could be upsetting/frustrating."***
4. Speak clearly and use short sentences in a calm and reassuring tone of voice. Do not overwhelm the student with words as this will likely cause the student to become more stressed and anxious.
5. Avoid offering advice, lecturing, or trying to "fix" the situation. Listening in an attentive way is the most helpful thing you can do to comfort a student.
6. If the student does not start talking right away or you need to focus the student, ask ***"What's going on for you right now? What's making you feel (react) this way?***
7. If the student is not able to describe why they are feeling or reacting the way they are, consider asking the following 3 questions, as appropriate:

    - ***"Have you recently had any energy drinks or drinks with a lot of caffeine?"*** If the student answers "yes," ask about the names of the drinks, how much the student drank, and how much they usually consume. If the student reports, or is suspected of, having consumed energy drinks in excess, involve the Center Physician (CP).
    - ***"Have you recently taken any of your own medications or someone else's prescription medications?"*** If the student answers "yes," ask about the names of the medications, the number of pills/capsules they took, and what time they were taken. If the student reports, or is suspected of, mis-using their own or someone else's medications, involve the CP.
    - If there are concerns about possible alcohol/drug use, ask ***"Have you recently used any alcohol or drugs?"*** If the student answers "yes," ask about the types of alcohol or drugs and how much and what time the substances were consumed. If the student reports, or is suspected of, having used a substance, involve the TEAP specialist, if possible, and/or follow Alcohol or Drug Use Behavior Treatment Guideline.

8. If there are any concerns about self-harm or suicide, assess for thoughts of self-harm by saying:

    - ***"Sometimes people feel that life is not worth living. How are you feeling about living right now?"*** *[wait]*
    - ***"Have you ever thought of harming yourself or trying to end your own life?***
    - If the student answers "yes," ask ***"Are you feeling that way now?"***

- If self-harm thoughts are present or questionable, follow the Suicidal Self-Directed Violence Treatment Guideline ("What to Do Next"). **Do not leave the student alone.**

9. If after initial interventions the student still presents with hyperactive or impulsive behavior that could pose a potential safety threat to self or others (this rarely happens and may be related to other mental health issues, such as mood or severe anxiety disorders), take steps to ensure your safety and the student's safety. For example, make sure that others are around, that you have access to a telephone, and can exit the room or area if needed. **Contact center security for assistance or follow your center operating procedure (COP) for Mental Health Emergencies. Alert the health and wellness director (HWD) about the situation, if needed.**
10. If the student's behavior does not pose a safety threat and the student is not willing to participate in the assessment, ask the student if they would like to speak to the Center Mental Health Consultant (CMHC) (if available) or if there is a trusted staff member who can provide support, then determine if that person is available to come assist.
11. After the acute distress has been addressed, discuss with the student how a referral to the CMHC could be helpful to develop strategies for managing stress and their symptoms better.

WHAT TO DO NEXT

1. Students with symptoms of AD/HD that interfere with functioning should be encouraged to meet with CMHC for further support.
2. If the student is already in treatment for AD/HD, determine whether the student has been adherent with any prescribed medications or therapeutic interventions. Consider how to address any issues of non-adherence.
3. Students who express an interest in starting medication to assist with AD/HD symptoms or who would like a re-evaluation of their currently prescribed medications should be referred to the CMHC for assessment and to the CP for follow-up.
4. If the student does not want to meet with the CMHC/CP, it is recommended that health and wellness staff alert the CMHC so the student can be discussed at the next case management meeting and help identify ways for the counselor to support the student. The counselor can refer the student to the CMHC in the future, if needed.
5. If the student has received treatment for AD/HD in the past, consider obtaining a signed Authorization for Release of Information from the student (or, if minor, parent/guardian) so that prior treatment records can be obtained and reviewed.

TREATMENT GUIDELINES FOR HEALTH STAFF
Anxiety Disorders (including Panic and Phobic Disorders)

COMMON SYMPTOMS OF ANXIETY		
Emotional/Cognitive	**Physical**	**Panic Attack**
• Fear/worry • Irritability • Restlessness • On edge/watching for signs of danger • Mind going blank, feeling distracted • Feelings of apprehension or dread • Trouble concentrating • Feeling tense and jumpy • Anticipating the worst	• Pounding/racing heart • Sweating • Stomach upset or nausea • Dizziness/faintness • Frequent urination or diarrhea • Shortness of breath • Feeling shaky • Feeling dizzy, lightheaded • Muscle tension • Headaches • Fatigue • Insomnia	• Sudden, intense fear • Pounding heart, chest pain** • Trouble breathing/shortness breath** • Nausea • Trembling or shaking • Hot flashes or chills • Sense of losing control, going "crazy" or dying • Dizziness, lightheadedness • Derealization (things don't feel real) • Depersonalization (feeling detached from oneself)
** It can be difficult to differentiate between panic attack and heart attack symptoms. A medical assessment must occur ASAP in students without a history of panic attacks.		

Authorized health and wellness staff may treat students with symptoms of anxiety as follows:

WHAT TO DO FIRST

1. Provide a private, supportive space where the student feels safe to talk about their feelings.
2. Movement can be helpful when someone is anxious—consider walking with the student or offering them a fidget object such as rubber bands, paper clips, a stress ball, or other small objects that can be manipulated in a student's hands.
3. If the student is afraid of a specific object or situation, separate the student from it.
4. Speak in a calm tone of voice and avoid saying phrases like *"Calm down,"* ***"****Relax"* or ***"****Stop panicking"* as these statements are not helpful.
5. Suggest (say) to the student, ***"Taking several deep breaths will help to calm the nervous system. I will show you how. We can do it together."*** If the student is open to the suggestion, provide gentle coaching: ***"Breathe in slowly through your nose and then breathe out slowly through your mouth."***
6. Try to help the student identify what is happening. For example, ***"It looks like you're feeling anxious"*** or ***"It looks like you're having a panic attack. It's uncomfortable, but you'll be okay. I'll stay with you."*** This can help the student calm down and regain a sense of control.
7. Consider helping the student stay in the present by asking them to describe out loud 2 things they can see in the room, 2 things they can hear and give them something they can feel (e.g., cotton ball, a rubber band, paper clips, etc.).

ASSESS SYMPTOMS AND BEHAVIORS

1. Listen to the student non-judgmentally and with empathy and genuine concern.
2. Give the student as much personal space and sense of control as possible.
3. Allow the student to express their current feelings and concerns. Acknowledge the student's feelings. For example, ***"I can see you're having a hard time right now"*** or ***"I can see how that could be upsetting."***
4. Speak clearly and use short sentences in a calm and reassuring tone of voice. Do not overwhelm the student with words as this will likely cause the student to become more stressed and anxious.
5. Avoid offering advice, lecturing, or trying to "fix" the situation. Listening in an attentive way is the most helpful thing you can do to comfort a student.
6. Ask ***"What's going on for you right now? What's making you feel this way?"***
7. *Ask* ***"On a scale of 1 to 10, where 10 is the worst, how would you rate your anxiety right now?"***
8. If the student is not able to describe why they are feeling anxious, consider asking the following 3 questions, as appropriate:

    - ***"Have you recently had any energy drinks or drinks with a lot of caffeine?"*** If the student answers "yes," ask about the names of the drinks, how much the student drank and how much they usually consume. If the student reports, or is suspected of, having consumed energy drinks in excess, involve the Center Physician (CP).
    - ***"Have you recently taken any of your own medications or someone else's prescription medications?"*** If the student answers "yes," ask about the names of the medications, the number of pills/capsules they took, and what time they were taken. If the student reports, or is suspected of, mis-using their own or someone else's medications, involve the CP.
    - If there are concerns about alcohol/drug use, ask ***"Have you recently used any alcohol or drugs?"*** If the student answers "yes," ask about the types of alcohol or drugs and how much and what time the substances were consumed. If the student reports, or is suspected of, having used a substance, involve the TEAP specialist, if possible, and/or follow Alcohol or Drug Use Behavior Treatment Guideline.

9. If there are any concerns about self-harm or suicide, assess for thoughts of self-harm by asking:

    - **"*Sometimes people feel that life is not worth living. How are you feeling about living right now?*"** *[wait]*
    - ***"Have you ever thought of harming yourself or trying to end your own life?***
    - If the student answers "yes," ask ***"Are you feeling that way now?"***
    - If self-harm thoughts are present or questionable, follow the Suicidal Self-Directed Violence Treatment Guideline ("What to Do Next"). **Do not leave the student alone.**

10. If the student is not willing to participate in the assessment, ask the student if they would like to speak to the Center Mental Health Consultant (CMHC) (if available) or if there is a trusted staff member who can provide support, then determine if that person is available to come assist.
11. After the acute distress has been addressed, discuss with the student how a referral to the CMHC could be helpful to develop strategies for managing stress and anxiety better.

WHAT TO DO NEXT

1. Students who have difficulty coping with anxiety or panic attacks should be encouraged to meet with the CMHC, so that the CMHC can determine whether an evaluation and/or treatment such as brief therapy and/or medication would be helpful.
2. If the student is already in treatment for anxiety, determine whether the student has been adherent with any prescribed medications or therapeutic interventions. Consider how to address any issues of non-adherence.
3. Students who express an interest in starting medication to assist with anxiety symptoms should be referred to the CMHC for assessment and to the CP for follow-up.
4. If the student is willing to meet with the CMHC/CP, consider asking them to complete an anxiety screening measure, such as the Generalized Anxiety Disorder-7 (GAD-7) (GAD-7 in Spanish) which can be found on the following pages. **Make sure the completed GAD-7 is then attached to the CMHC referral form, so the CMHC can score and interpret it.**
5. If the student does not want to meet with the CMHC, it is recommended that health and wellness staff alert the CMHC so the student can be discussed at the next case management meeting and help identify ways for the counselor to support the student. The counselor can refer the student to the CMHC in the future, if needed.
6. If the student has received treatment for anxiety in the past, consider obtaining a signed *Authorization for Release of Information* from the student (or, if minor, parent/guardian) so that prior treatment records can be obtained and reviewed.

NAME:	DATE:

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? *(Use "✓" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T____ = ____ + ____ + ____)

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Source: Patient Health Questionnaire (PHQ) Screeners GAD-7

NOMBRE:	FECHA

GAD-7

Durante las <u>últimas 2 semanas</u>, ¿qué tan seguido ha tenido molestias debido a los siguientes problemas? *(Marque con un " " para indicar su respuesta)*	Ningún día	Varios días	Más de la mitad de los días	Casi todos los días
1. Se ha sentido nervioso(a), ansioso(a) o con los nervios de punta	0	1	2	3
2. No ha sido capaz de parar o controlar su preocupación	0	1	2	3
3. Se ha preocupado demasiado por motivos diferentes	0	1	2	3
4. Ha tenido dificultad para relajarse	0	1	2	3
5. Se ha sentido tan inquieto(a) que no ha podido quedarse quieto(a)	0	1	2	3
6. Se ha molestado o irritado fácilmente	0	1	2	3
7. Ha tenido miedo de que algo terrible fuera a pasar	0	1	2	3

(For office coding: Total Score T____ = ____ + ____ + ____)

Source: [Patient Health Questionnaire (PHQ) Screeners GAD-7 (in Spanish)]

Interpreting the GAD-7 Score

Respondents are asked to rate how bothered they have been by each of 7 items in the past 2 weeks on a 4-point Likert scale ranging from 0-3. **Items are summed to provide a total severity score (range = 0-21).**

0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

Total Score	Interpretation
0-4	None to minimal anxiety
5-9	Mild anxiety
10-14	Moderate anxiety
15-21	Severe anxiety
≥10	**Possible diagnosis of GAD; confirm by further evaluation**

Though designed as a screening and severity measure for Generalized Anxiety Disorder, the GAD-7 also has moderately good operating characteristics for three other common anxiety disorders – Panic Disorder, Social Anxiety Disorder, and Post-Traumatic Stress Disorder (PTSD). When screening for anxiety disorders, a recommended cut point for further evaluation is a score of 10 or greater.

Source: Patient Health Questionnaire (PHQ) Screeners GAD-7

TREATMENT GUIDELINES FOR HEALTH STAFF
BIPOLAR DISORDERS

Common Symptoms of Mania Associated with Bipolar Disorder

- Increased energy or activity
- Irritability or agitation
- Inability to sleep for 2 to 3 days
- Hyper-verbal (excessive talking) or pressured/rapid speech
- Grandiosity (unrealistic thoughts of superiority and invulnerability)
- Euphoria (intense happiness and excitement)
- Racing thoughts or difficulty focusing
- Delusions or hallucinations
- Hypersexuality/promiscuity
- Increased use of alcohol or illicit substances

Authorized health and wellness staff may treat symptoms and associated features of Bipolar Disorder as follows:

WHAT TO DO FIRST

1. If the student is agitated or their behavior cannot be managed safely due to the severity of symptoms (e.g., mania poses a risk of harm to self/others), take steps to ensure your safety and the student's safety. For example, make sure that others are around, that you have access to a telephone, and that you can exit the room or area if needed. **Do not leave the student unsupervised.** If you must put some physical distance between you and the student, always keep an eye on the student. **Contact center security for assistance or follow your center operating procedure (COP) for Mental Health Emergencies. Alert HWD about the situation, if needed.**
2. If the student with manic symptoms is not agitated and their behavior is not a safety threat, encourage the student to join you in a private, supportive space where they can talk about their feelings and concerns. Mania can be accompanied by unpredictable behavior so you should continue to use precaution to ensure your and the student's safety.
3. If the student is not willing to talk and participate in an assessment, offer them a safe, comfortable space where they can relax. **Do not leave the student alone.**
4. If the student is rambling and difficult to understand, avoid asking too many questions. Instead, listen and note any information that might give insight into what might have led up to the episode.

ASSESS SYMPTOMS AND BEHAVIORS

1. Listen to the student non-judgmentally and with empathy and genuine concern.
2. Give the student as much personal space and sense of control as possible.
3. Allow the student to express their current feelings and concerns. Acknowledge the student's feelings. For example, ***"That must be hard for you"*** or ***"I can see how that can be upsetting/frustrating.***

4. Speak clearly and use short sentences in a calm and reassuring tone of voice. Do not overwhelm the student with words as this will likely cause the student to become more stressed and anxious.
5. If student's concerns seem irrational, do not argue, or attempt to reason with the student. Instead, use active listening so that the student feels heard.
6. If the student does not start talking right away or you need to focus the student, ask ***"What's going on with you right now? What's making you feel this way?"***
7. If the student is not able to describe why they are feeling the way they are, consider asking the following 2 questions, as appropriate:
   - ***"Have you recently had any energy drinks or drinks with a lot of caffeine?"*** If the student answers "yes," ask about the names of the drinks, how much the student drank and how much they usually consume. If the student reports, or is suspected of, having consumed energy drinks in excess, involve the Center Physician (CP).
   - Ask ***"Have you recently taken any of your own medications or someone else's prescription medications?"*** If the student answers "yes," ask about the names of the medications, the number of pills/capsules they took, and what time they were taken. If the student reports, or is suspected of, mis-using their own or someone else's medications, involve the Center Physician (CP).
   - If you have concerns about alcohol/drug use, ask **"*Have you recently used any alcohol or drugs?"*** If the student answers "yes," ask about the types of alcohol or drugs and how much and what time the substances were consumed. If the student reports, or is suspected of, having used a substance, involve the TEAP Specialist, if possible, and/or follow Alcohol or Drug Use Behavior Treatment Guideline.
8. If there are any concerns about self-harm or suicide, assess for thoughts of self-harm by asking:
   - **"*Sometimes people feel that life is not worth living. How are you feeling about living right now?"*** *[wait]*
   - ***"Have you ever thought of harming yourself or trying to end your own life?"***
   - If student answers "yes," ask ***"Are you feeling that way now?"***
   - If self-harm thoughts are present or questionable, follow the Suicidal Self-Directed Violence Treatment Guideline ("What to Do Next"). **Do not leave student alone.**
9. If the student's behavior does not pose a safety threat and the student is not willing to participate in the assessment, ask the student if they would like to speak to the Center Mental Health Consultant (CMHC) (if available) or if there is a trusted staff member who can provide support, then determine if that person is available to come assist.
10. Determine whether the student is having delusions (odd or unusual thoughts that are not based in reality) or hallucinations (sensory experiences—usually visual or auditory— that also are not based in reality). If hallucinations or delusions are present, follow Psychotic Disorders Treatment Guideline.
11. After the acute distress has been addressed, discuss with the student how a referral to the CMHC could be helpful to develop strategies for managing their mood and stress better.

WHAT TO DO NEXT

1. If assistance is needed to determine whether an emergency psychiatric evaluation is warranted, contact the CMHC and/or CP for consultation.
2. Students who have difficulty coping with bipolar/manic symptoms should be encouraged to meet with the CMHC, so that the CMHC can determine whether an evaluation and/or treatment such as brief therapy and/or medication would be helpful.
3. Students who express an interest in starting medication to assist with depression/bipolar symptoms should be referred to the CMHC for assessment and the CP for follow-up.
4. If the student is willing to meet with the CMHC or CP, consider asking them to complete a mood screening measure, such as the Mood Disorders Questionnaire (MDQ) (MDQ in Spanish), which can be found on the following pages. **Make sure the completed screener is then attached to the CMHC referral form, so the CMHC can score and interpret it.**
5. If the student is already in treatment for a bipolar disorder, determine whether the student has been adherent with medications and/or therapeutic interventions. Consider how to address any issues of non-adherence.
6. If the student does not want to meet with the CMHC, it is recommended that health and wellness staff alert the CMHC so the student can be discussed at the next case management meeting and help identify ways for the counselor to support the student. The counselor can refer the student to the CMHC in the future, if needed.
7. If the student has received treatment for a bipolar disorder in the past, consider obtaining a signed *Authorization for Release of Information* from the student (or, if minor, parent/guardian) so that prior treatment records can be obtained and reviewed.

NAME:	DATE:

THE MOOD DISORDER QUESTIONNAIRE

Instructions: Please answer each question to the best of your ability.

	YES	NO
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	○	○
...you were so irritable that you shouted at people or started fights or arguments?	○	○
...you felt much more self-confident than usual?	○	○
...you got much less sleep than usual and found you didn't really miss it?	○	○
...you were much more talkative or spoke much faster than usual?	○	○
...thoughts raced through your head or you couldn't slow your mind down?	○	○
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	○	○
...you had much more energy than usual?	○	○
...you were much more active or did many more things than usual?	○	○
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	○	○
...you were much more interested in sex than usual?	○	○
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	○	○
...spending money got you or your family into trouble?	○	○
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	○	○
3. How much of a problem did any of these cause you – like being unable to work; having family, money or legal troubles; getting into arguments or fights? *Please circle one response only.* No Problem Minor Problem Moderate Problem Serious Problem		
4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	○	○
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	○	○

Source: https://www.sadag.org/images/pdf/mdq.pdf

SCORING THE MOOD DISORDER QUESTIONNAIRE (MDQ)

The MDQ was developed by a team of psychiatrists, researchers and consumer advocates to address a critical need for timely and accurate diagnosis of bipolar disorder, which can be fatal if left untreated. The questionnaire takes about five minutes to complete, and can provide important insights into diagnosis and treatment. Clinical trials have indicated that the MDQ has a high rate of accuracy; it is able to identify seven out of ten people who have bipolar disorder and screen out nine out of ten people who do not.[1]

A recent National DMDA survey revealed that nearly 70% of people with bipolar disorder had received at least one misdiagnosis and many had waited more than 10 years from the onset of their symptoms before receiving a correct diagnosis. National DMDA hopes that the MDQ will shorten this delay and help more people to get the treatment they need, when they need it.

The MDQ screens for Bipolar Spectrum Disorder, (which includes Bipolar I, Bipolar II and Bipolar NOS).

If the patient answers:

1. **"Yes"** to seven or more of the 13 items in question number 1;

AND

2. **"Yes"** to question number 2;

AND

3. **"Moderate"** or **"Serious"** to question number 3;

you have a positive screen. All three of the criteria above should be met. A positive screen should be followed by a comprehensive medical evaluation for Bipolar Spectrum Disorder.

ACKNOWLEDGEMENT: This instrument was developed by a committee composed of the following individuals: Chairman, Robert M.A. Hirschfeld, MD – University of Texas Medical Branch; Joseph R. Calabrese, MD – Case Western Reserve School of Medicine; Laurie Flynn – National Alliance for the Mentally Ill; Paul E. Keck, Jr., MD – University of Cincinnati College of Medicine; Lydia Lewis – National Depressive and Manic-Depressive Association; Robert M. Post, MD – National Institute of Mental Health; Gary S. Sachs, MD – Harvard University School of Medicine; Robert L. Spitzer, MD – Columbia University; Janet Williams, DSW – Columbia University and John M. Zajecka, MD – Rush Presbyterian-St. Luke's Medical Center.

[1] Hirschfeld, Robert M.A., M.D., Janet B.W. Williams, D.S.W., Robert L. Spitzer, M.D., Joseph R. Calabrese, M.D., Laurie Flynn, Paul E. Keck, Jr., M.D., Lydia Lewis, Susan L. McElroy, M.D., Robert M. Post, M.D., Daniel J. Rapport, M.D., James M. Russell, M.D., Gary S. Sachs, M.D., John Zajecka, M.D., "Development and Validation of a Screening Instrument for Bipolar Spectrum Disorder: The Mood Disorder Questionnaire." *American Journal of Psychiatry* 157:11 (November 2000) 1873-1875.

Source: https://www.sadag.org/images/pdf/mdq.pdf

NOMBRE:	FECHA:

Cuestionario de Trastornos del Humor (Mood Disorder Questionnaire, MDQ)

5.10. Cuestionario de Trastornos del Humor (Mood Disorder Questionnaire, MDQ)

Instrucciones: Por favor, responda cada pregunta lo mejor que pueda.

	Sí	*No*
1. ¿Ha tenido alguna vez algún período de tiempo en el que no estaba en su estado habitual y...		
... se sintiera tan bien o tan hiperactivo que otras personas han pensado que no estaba en su estado normal o que estaba tan hiperactivo que tenía problemas?	☐	☐
... estaba tan irritable que gritaba a la gente o se ha peleado o discutido?	☐	☐
... se sentía mucho más seguro que normalmente?	☐	☐
... dormía mucho menos de lo habitual y creía que realmente no era importante?	☐	☐
... estaba más hablador y hablaba mucho más rápido de lo habitual?	☐	☐
... sus pensamientos iban más rápidos en su cabeza o no podía frenar su mente?	☐	☐
... se distraía fácilmente por las cosas de alrededor o ha tenido problemas para concentrarse o seguir el hilo?	☐	☐
... tenía mucha más energía de la habitual?	☐	☐
... estaba mucho más activo o hacía muchas más cosas de lo habitual?	☐	☐
... era mucho más social o extrovertido de lo habitual, por ejemplo, llamaba a los amigos en plena noche?	☐	☐
... tenía mucho más interés de lo habitual por el sexo?	☐	☐
... hizo cosas que eran inusuales para usted o que otras personas pudieran pensar que eran excesivas, estúpidas o arriesgadas?	☐	☐
... ha gastado dinero que le trajera problemas a usted o a su familia?	☐	☐
2. Si ha respondido SÍ a más de una de las cuestiones anteriores, ¿han ocurrido varias de éstas durante el mismo período?	☐	☐
3. ¿Cuánto problema le han causado alguna de estas cosas: en el trabajo; problemas con la familia, el dinero o legales; metiéndose en discusiones o peleas? Por favor señale una sola respuesta ☐ Sin problema ☐ Pequeño ☐ Moderado ☐ Serio		
4. ¿Ha tenido alguno de sus parientes (p. ej., hijos, hermanos, padres, abuelos, tías, tíos) una enfermedad de tipo maníaco-depresiva o trastorno bipolar?	☐	☐
5. ¿Le ha dicho alguna vez un profesional de la salud que usted tiene una enfermedad maníaco-depresiva o un trastorno bipolar?	☐	☐

Source: https://psychiatry.vegas/wp-content/uploads/2016/05/Spanish-MDQ.pdf

TREATMENT GUIDELINES FOR HEALTH STAFF
DEPRESSION DISORDERS

COMMON SYMPTOMS OF DEPRESSION

- Suicidal thoughts or intent
- Depressed mood, irritability and/or crying
- Feelings of hopelessness, helplessness, or inappropriate guilt
- Lack of pleasure in usual activities (anhedonia) feelings of boredom
- Changes in appetite, weight, or sleep (increased or decreased)
- Decreased energy
- Restlessness or agitation
- Difficulty concentrating or making decisions
- Thoughts of death, not related to suicide
- Use of drugs or other substances

Authorized health and wellness staff may treat students with depression as follows:

WHAT TO DO FIRST

1. Provide a private, supportive space where the student will feel safe to talk about their feelings and concerns.
2. Start by saying to the student: ***"I know it might be difficult, but I will need to ask some questions about how you are feeling."***
3. If the student is tearful, provide tissues. Avoid saying *"Calm down"* or *"Stop crying"* or offering empty words of reassurance like *"It's not that bad."* Instead say: ***"I'm here to help."***
4. During active crying episodes, consider refraining from speaking to allow the student to express their emotions. Talking just to fill the silence or because you are feeling uncomfortable is often not helpful.
5. Try to help the student identify what is happening. For example, ***"It looks like you're feeling upset"*** or ***"I can see you're having a hard time right now."*** This can help the student calm down and regain a sense of control.

ASSESS SYMPTOMS AND BEHAVIORS

1. Listen non-judgmentally and with empathy and genuine concern.
2. Allow the student to express their current feelings and concerns. Acknowledge the student's feelings. For example, ***"This must be hard for you"*** or ***"I can see how that could be upsetting."***
3. Speak clearly and use short sentences in a calm and reassuring tone of voice. Do not overwhelm the student with words as this will likely cause the student to become more stressed and anxious.
4. Avoid giving advice, lecturing, or trying to "fix" the situation. Listening in an attentive way is the most helpful thing you can do to comfort a student.

5. If the student does not start talking right away, ask ***"What's going on with you right now? What's making you feel this way?"***
6. Ask ***"On a scale of 1 to 10, where 10 is the worst, how would you rate your [sad, hopeless, etc.] feelings right now?"***
7. Help the student explore what may have triggered the current feelings, such as the break-up of a relationship, conflict with others, loss of a loved one, or problems at home. Acute symptoms of depression can often be alleviated in the short-term by talking about thoughts and feelings.
8. If the student's concerns appear to be irrational, do not argue or attempt to reason with the student. Instead, focus on listening in an attentive manner so that the student feels heard.
9. If the student is not able to describe why they are feeling or reacting the way they are, consider asking the following 2 questions, if appropriate:

    - Ask ***"Have you recently taken any of your own medications or someone else's prescription medications?"*** If the student answers "yes," ask about the names of the medications, the number of pills/capsules, and what time they were taken. If the student reports, or is suspected of, mis-using their own or someone else's medications, involve the Center Physician (CP).
    - If there are concerns about alcohol/drug use, ask **"*Have you recently used any alcohol or drugs?"*** If the student answers "yes," ask about the types of alcohol or drugs and how much and what time the substances were consumed. If the student reports, or is suspected of, having used a substance, involve the TEAP specialist, is possible, and/or follow Alcohol or Drug Use Behavior Treatment Guideline.

10. If there are any concerns about self-harm or suicide, assess for thoughts of self-harm by saying:

    - **"*Sometimes people feel that life is not worth living. How are you feeling about living right now?"*** *[wait]*
    - ***"Have you ever thought of harming yourself or trying to end your own life?***
    - If student answers "yes," ask ***"Are you feeling that way now?"***
    - If self-harm thoughts are present or questionable, follow the Suicidal Self-Directed Violence Treatment Guideline ("What to Do Next"). **Do not leave the student alone.**

11. If the student is not willing to participate in the assessment, ask the student if they would like to speak to the Center Mental Health Consultant (CMHC) (if available) or if there is a trusted staff member who can provide support, then determine if that person is available to come assist.
12. Determine whether the student is having delusions (odd or unusual thoughts that are not based in reality) or hallucinations (sensory experiences—usually visual or auditory— that also are not based in reality). If hallucinations or delusions are present, follow the Psychotic Disorders Treatment Guideline.

WHAT TO DO NEXT

1. If assistance is needed to determine whether an emergency psychiatric evaluation is warranted, contact the CMHC and/or CP for consultation.

2. Students who have difficulty coping with depression symptoms should be encouraged to meet with the CMHC, so that the CMHC can determine whether an evaluation and/or treatment such as brief therapy and/or medication would be helpful.
3. If the student is already in treatment for depression, determine whether the student has been adherent with medications and/or therapeutic interventions. Consider how to address any issues of non-adherence.
4. Students who express an interest in starting medication to assist with depression symptoms should be referred to the CMHC for assessment and the CP for follow-up.
5. If the student is willing to meet with the CMHC or CP, consider asking them to complete a depression screening measure, such as the Patient Health Questionnaire-9 (PHQ-9) (PHQ-9 Spanish), the PHQ-A for Adolescents (ages 16-17) (PHQ-A in Spanish), which can be found on the following pages. **Make sure the completed screener is then attached to the CMHC referral form, so the CMHC can score and interpret it.**
6. If the student does not want to meet with the CMHC, it is recommended that health and wellness staff alert the CMHC so that the student can be discussed at the next case management meeting and help identify ways for the counselor to support the student. The counselor can refer the student to the CMHC in the future, if needed.
7. If the student has received treatment for depression in the past, consider obtaining a signed *Authorization for Release of Information* from the student (or, if minor, parent/guardian) so that prior treatment records can be obtained and reviewed.

NAME:	DATE:

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Developed by Drs. Robert L. Spitzer, Janet B. W. Williams, Kurt Kroenke and colleagues with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Source: Patient Health Questionnaire – Patient Health Questionnaire – 9 (PHQ-9)

NOMBRE:	FECHA:

CUESTIONARIO SOBRE LA SALUD DEL PACIENTE-9 (PHQ-9)

Durante las <u>últimas 2 semanas</u>, ¿qué tan seguido ha tenido molestias debido a los siguientes problemas? *(Marque con un "□" para indicar su respuesta)*	**Ningún día**	**Varios días**	**Más de la mitad de los días**	**Casi todos los días**
1. Poco interés o placer en hacer cosas	0	1	2	3
2. Se ha sentido decaído(a), deprimido(a) o sin esperanzas	0	1	2	3
3. Ha tenido dificultad para quedarse o permanecer dormido(a), o ha dormido demasiado	0	1	2	3
4. Se ha sentido cansado(a) o con poca energía	0	1	2	3
5. Sin apetito o ha comido en exceso	0	1	2	3
6. Se ha sentido mal con usted mismo(a) – o que es un fracaso o que ha quedado mal con usted mismo(a) o con su familia	0	1	2	3
7. Ha tenido dificultad para concentrarse en ciertas actividades, tales como leer el periódico o ver la televisión	0	1	2	3
8. ¿Se ha movido o hablado tan lento que otras personas podrían haberlo notado? o lo contrario – muy inquieto(a) o agitado(a) que ha estado moviéndose mucho más de lo normal	0	1	2	3
9. Pensamientos de que estaría mejor muerto(a) o de lastimarse de alguna manera	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

Si marcó <u>cualquiera</u> de los problemas, ¿qué tanta <u>dificultad</u> le han dado estos problemas para hacer su trabajo, encargarse de las tareas del hogar, o llevarse bien con otras personas?

No ha sido difícil	**Un poco difícil**	**Muy difícil**	**Extremadamente difícil**
☐	☐	☐	☐

Elaborado por lo doctors Robert L. Spitzer, Janet B. W. William, Kurt Kroenke y colegas, mediante una subvención educativa otorgada por Pfizer Inc. No se require permiso para reproducir, traducir, presentar or distribuir.

Source: Patient Health Questionnaire – CUESTIONARIO SOBRE LA SALUD DEL PACIENTE-9 (PHQ-9)

PHQ-9 Patient Depression Questionnaire: Scoring and Interpretation

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least four 3s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder
- If there are at least five 3s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder
- If there are 2-4 3s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds considering how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (e.g., every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up 3s by column. For every 3: Several days = 1, More than half the days = 2, Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Interpretation of Total Score

TOTAL SCORE	1-4	5-9	10-14	15-19	20-27
DEPRESSION SEVERITY	Minimal depression	Mild depression	Moderate depression	Moderately severe depression	Severe depression

Source: Instruction Manual Instructions for Patient Health Questionnaire (PHQ) and GAD-7 Measures

NAME:	DATE:

Patient Health Questionnaire-Modified for Teens

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things?	0	1	2	3
2. Feeling down, depressed, irritable or hopeless?	0	1	2	3
3. Trouble falling asleep, or staying asleep, or sleeping too much?	0	1	2	3
4. Feeling tired or having little energy?	0	1	2	3
5. Poor appetite, weight loss, or overeating?	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things like school work, reading, or watching TV?	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For office coding: _____*0*_____+_____+_____+_____

= Total Score _____

10. If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all ☐	Somewhat difficult ☐	Very difficult ☐	Extremely difficult ☐
11. In the ***past year***, have you felt depressed or sad most days, even if you felt OK sometimes?	Yes ☐	No ☐		
12. Has there been a time in the ***past month*** when you have had serious thoughts about ending your life?	Yes ☐	No ☐		
13. Have you ***ever, in your whole life***, tried to kill yourself or made a suicide attempt?	Yes ☐	No ☐		

Source: HRSA's AIDS Education and Training Center (AETC) Program Patient Health Questionnaire-Modified for Teens (Adapted from the patient health questionnaire (PHQ) screeners (www.phqscreeners.com).

NOMBRE:	FECHA:

Una encuesta de parte de su proveedor de cuidados de salud - PHQ-9 modificado para adolescentes

¿Qué tan a menudo ha sentido cada uno de los siguientes síntomas durante las dos ultimas semanas? Por cada síntoma escriba una "X" en el cuadro que mehor describe como se siente.	(0) Ninguno	(1) Varios Días	(2) Mas de la Mitad de los Días	(3) Casi Todos los Días
1. ¿Se seinte deprimido, irritado, o sin esperanza?	0	1	2	3
2. ¿Poco interés or placer para hacer cosas?	0	1	2	3
3. ¿Tiene dificultad para dormirse, quedarse dormido, o duerme demasiado?	0	1	2	3
4. ¿Poco apetito, perdida de peso, o come demasiado?	0	1	2	3
5. ¿Se siente cansado o tiene poca energía?	0	1	2	3
6. ¿Se seinte mal por usted mismo-o siente que es un fracasado, o que le ha fallado a su familia y a usted mismo?	0	1	2	3
7. ¿Tiene problema para concetrarse en cosas tales como tareas escolares, leer, o ver televisión?	0	1	2	3
8. ¿Se mueve o habla tan lentamente que las otras personas pueden notarlo? ¿O al contrario-esta tan inquieto que se mueve mas de lo usual?	0	1	2	3
9. ¿Pensamientos que estaría mejor muerto o de hacerse daño usted mismo de alguna manera ?	0	1	2	3

Para la codificación de oficina: _____*0*_____+_____+_____+_____

= Puntaje total _____

10. ¿En el año pasado se ha sentido deprimido o triste la mayoría de los días, aun cuando se siente bien algunas veces?	Si ☐	No ☐		
11. Si usted esta pasando por cualquiera de los problemas mencionados en este formulario, ¿qué tan difícil estos problemas le causan para hacer su trabajo, hacer las cosas de la casa, o relacionarse con las demás personas?	No difícil ☐	Un poco difícil ☐	Muy difícil ☐	Sumamente difícil ☐
12. ¿En el mes pasado hubo algún momento donde usted pensó seriamente en terminar con su vida?	Si ☐	No ☐		
13. ¿Alguna vez en su vida, trato de matarse o trato de suicidarse?	Si ☐	No ☐		

Source: HRSA's AIDS Education and Training Center (AETC) Program Una encuesta de parte de su proveedor de cuidados de salud - PHQ-9 modificado para adolescentes (Adapted from the patient health questionnaire (PHQ) screeners (www.phqscreeners.com).

Scoring the PHQ-9 modified for Teens

Scoring the PHQ-9 modified for teens is easy but involves thinking about several different aspects of depression.

To use the PHQ-9 as a diagnostic aid for Major Depressive Disorder:

- Questions 1 and/or 2 need to be endorsed as a "2" or "3"
- Need five or more positive symptoms (positive is defined by a "2" or "3" in questions 1-8 and by a "1", "2", or "3" in question 9).
- The functional impairment question (How difficult....) needs to be rated at least as "somewhat difficult."

To use the PHQ-9 to screen for all types of depression or other mental illness:

- All positive answers (positive is defined by a "2" or "3" in questions 1-8 and by a "1", "2", or "3" in question 9) should be followed up by interview.
- A total PHQ-9 score > 10 (see below for instructions on how to obtain a total score) has a good sensitivity and specificity for MDD.

To use the PHQ-9 to aid in the diagnosis of dysthymia:

- The dysthymia question (In the past year...) should be endorsed as "yes."

To use the PHQ-9 to screen for suicide risk:

- All positive answers to question 9 as well as the two additional suicide items MUST be followed up by a clinical interview.

To use the PHQ-9 to obtain a total score and assess depressive severity:

- Add up the numbers endorsed for questions 1-9 and obtain a total score. See table below for score interpretations.

Score	Severity
0-4	None-minimal
5-9	Mild
10-14	Moderate
15-19	Moderately Severe
20-27	Severe

Source: HRSA's AIDS Education and Training Center (AETC) Program Patient Health Questionnaire-Modified for Teens (Adapted from the patient health questionnaire (PHQ) screeners (www.phqscreeners.com).

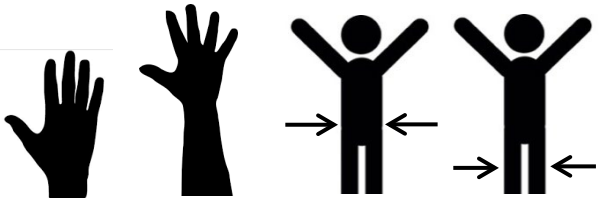
TREATMENT GUIDELINES FOR HEALTH STAFF
Non-Suicidal Self-Injury (NSSI) Behavior

DO NOT LEAVE STUDENT ALONE AT ANY TIME IF CONCERNED ABOUT SUICIDALITY!

NSSI is the deliberate, self-inflicted destruction of body tissue resulting in immediate damage without suicidal intent and not for culturally or socially sanctioned reasons (such as tattoos and body piercings). Examples include cutting or carving into the skin, scratching, burning, and hitting oneself or objects.

COMMON FACTS

Self-injury may be performed on any part of the body, but most often occurs on:



Severity can range from:

Superficial to Lasting Disfigurement

Females tend to start younger, injure longer and use more serious forms (cutting).

Males are more likely to injure while high/drunk and are more likely to injure in a social setting.

Self-injury is performed by people of <u>all</u> economic groups and ethnicities.

Sexual orientation is a potent predictor of self-injury. Bisexuality is a very strong risk factor for self-injury, especially in females.

COMMON SIGNS AND SYMPTOMS OF SELF-INJURY

- Scars, often in patterns
- Fresh cuts, scratches, bruises, bite marks or other wounds
- Excessive rubbing of an area to create a burn
- Keeping sharp objects on hand
- Wearing long sleeves or long pants, even in hot weather
- Frequent reports of accidental injury
- Difficulties in interpersonal relationships
- Behavioral and emotional instability, impulsivity, and unpredictability
- Statements of helplessness, hopelessness, or worthlessness

Resource: Mayo Clinic – Self-injury/cutting symptoms and causes

Authorized health and wellness staff may treat students with acute injuries related to NSSI as follows:

WHAT TO DO FIRST

1. Stay calm and provide a private, supportive space to assess the severity of the injuries and where the student feels safe to talk.
2. Immediately assess whether any self-injury has occurred.
3. If the self-injury is life-threatening and/or the student cannot cooperate with the assessment, call 911 or immediately transport the student to the nearest emergency room per your center operating procedure (COP) for Mental Health Emergencies. **Do not leave the student alone until they are safely transferred to medical care. Alert HWD about the situation, if needed.**
4. If the self-injury is not life-threatening, treat the physical injuries per the center's medical protocol and treatment guidelines.
5. After assessing obvious injuries, ask ***"Do you have any other wounds?"*** then state matter-of-factly, ***"I need to assess your wounds so we can be sure to provide proper care and avoid infection."*** Complete your physical assessment.

ASSESS SYMPTOMS AND BEHAVIORS

1. Listen to the student nonjudgmentally and with empathy and genuine concern. Self-injury is usually carried out in secret and can be associated with a lot of shame and guilt, so a student may not initially be willing to talk.
2. Give the student as much personal space and sense of control as possible.
3. Allow the student to express their current feelings and concerns. Acknowledge the student's feelings. For example: ***"I can see you're having a hard time right now."***
4. Speak clearly and use short sentences in a calm and reassuring tone of voice. Do not overwhelm the student with words as this will likely cause the student to become more stressed and anxious.
5. Avoid giving specific advice, lecturing, or trying to "fix" the situation.
6. After any physical injuries have been addressed, determine whether the student needs an immediate emergency mental health evaluation by assessing for the presence of past and current suicidal ideation. **Note**: In general, most students who engage in NSSI will **not** require an immediate emergency evaluation because NSSI is, by definition, without conscious suicidal intent.
7. Say:

    - ***"I know that self-injury isn't usually about suicide, but some people may think about suicide when they self-injure. Were you thinking about ending your life when you were injuring yourself?*** *[wait]*
    - ***"Have you ever thought about trying to end your own life?***
    - If student answers "yes," ask: ***"Are you feeling that way now?"***
    - If suicidal thoughts or intent are present or questionable, follow the Suicidal Self-Directed Violence Treatment Guideline ("What to Do Next"). **Do not leave the student alone.**

8. If there is no concern for suicide, then help the student explore what may have triggered the self-injury episode. Ask:

   - ***"What's going on for you right now to make you feel this way?"***
   - **"*On a scale of 1-10, where 10 is the worst, how would you rate your <u>feelings of</u>*** [*sadness/anger/anxiety*] **right *now?***
   - **"*On a scale of 1-10, where 10 is the worst, how would you rate <u>your urge to injure yourself</u> right now?***

9. If the student is not able to describe why they are feeling or reacting the way they are, consider asking the following 2 questions, as appropriate:

   - ***"Have you recently taken any of your own medications or someone else's prescription medications?"*** If the student answers "yes," ask about the names of the drinks, how much the student drank and how much they usually consume. If the student reports, or is suspected of, having consumed energy drinks in excess, involve the Center Physician (CP).
   - If there are concerns about possible alcohol/drug use, ask ***"Have you recently used any alcohol or drugs?"*** If the student answers "yes," ask about the names of the medications, the number of pills/capsules they took, and what time they were taken. If the student reports, or is suspected of, mis-using their own or someone else's medications, involve the CP.

10. If the student is not willing to participate in the assessment, ask the student if they would like to speak with the CMHC (if available) or if there is a trusted staff member who could provide support, then determine if that staff member is available to come assist.
11. After the acute distress has been addressed, discuss with the student how a referral to the CMHC could be helpful to develop healthy alternatives to substitute for self-injury behaviors and manage stress better.

WHAT TO DO NEXT

1. If assistance is needed to determine whether an emergency psychiatric evaluation is needed, contact the CMHC and/or CP for consultation. CMHCs may want to assess for specific risk factor for suicide in individuals who self-injure including: a history of suicide attempts; current suicidal thoughts, intent, or plans; increased frequency of NSSI behaviors; use of a variety of NSSI methods; a significant increase in psychosocial stressors; and few positive supports or coping skills.
2. **Students who engage in self-injury to manage their emotions or stress should be encouraged to meet with the CMHC**, so that the CMHC can determine whether an evaluation and/or treatment such as brief therapy and/or medication would be helpful.
3. If the student is already in treatment, determine whether the student has been adherent with medications and/or therapeutic interventions.
4. Students who express an interest in starting medication to assist management of their mood should be referred to the CMHC for assessment, and the CP for follow-up.
5. If the student does not want to meet with the CMHC, it is recommended that health and wellness staff alert the CMHC so that the student can be discussed at the next case management meeting

and help identify ways for the counselor to support the student. The counselor can refer the student to the CMHC in the future, if needed.

6. If the student has received treatment for a mental health disorder in the past, consider obtaining a signed *Authorization for Release of Information* from the student (or, if minor, parent/guardian) so that prior treatment records can be obtained and reviewed.

TREATMENT GUIDELINES FOR HEALTH STAFF
Psychotic Symptoms

Psychotic symptoms are usually part of a serious mental illness that affects how a student thinks, feels, and behaves. Students may seem like they have lost touch with reality, which causes significant distress for the individual, staff, and other students. Students can have a combination of positive and negative symptoms.

COMMON SYMPTOMS OF PSYCHOSIS**	
Positive Symptoms	**Negative Symptoms**
Odd and unusual behaviors not generally seen in healthy people • Hallucinations: Seeing, hearing, smelling, tasting, or feeling things that are not real • Delusions: Believing things that are not true such as the idea that people on the radio and television are talking directly to them. • Disorganized thinking: Ways of thinking that are odd or illogical. Students with thought disorders may have trouble organizing their thoughts and may switch from one topic to another with no clear link between the two. • Movement disorders: Abnormal body movements. A student may repeat certain motions over and over or at the other extreme, a student may stop moving or talking for a while, which is a rare condition called "catatonia."	Social withdrawal, difficulty showing emotions, or difficulty functioning • Talking in a dull voice • Showing no facial expression, such as a smile or frown • Lack of motivation • Slow or decreased movement • Change in sleep patterns • Poor grooming or hygiene • Not saying much • Lack of eye contact • Reduced range of emotions • Less interest in socializing or hobbies and activities
**It is important to consider the spiritual and cultural context of the student's behaviors, as what is interpreted as a symptom of psychosis in one culture may be normal in another culture. For example, in some cultures being visited by spirits or hearing the voices of deceased loved ones are normal experiences.	

Authorized health and wellness staff may treat students with symptoms of psychosis as follows:

WHAT TO DO FIRST

Behavior is Obviously Dangerous or Threatening to Self/Others

1. Psychotic symptoms often include paranoid thinking with hallucinations and delusions. The student may mistakenly perceive other people as a threat and act to defend themselves in way that could pose possible risk of harm to others.

2. If the student is agitated or their behavior cannot be managed safely due to the severity of symptoms (e.g., behavior poses a risk of harm to self/others), take steps to ensure your safety and the student's safety. For example, make sure that others are around, that you have access to a telephone, and can exit the room or area if needed. Do not leave the student unsupervised. If you must keep your distance, always keep an eye on the student. **Contact center security for assistance or follow your center operating procedures (COP) for Mental Health Emergencies which may include arranging transport to the nearest emergency hospital for psychiatric evaluation. Alert the health and wellness director (HWD) about the situation, if needed.**
3. If possible, move the student away from other students or remove other students from the area.

If Behavior is Not Dangerous, Just Strange or Unusual

1. Stay calm and provide a private, supportive space to assess the student's symptoms and behaviors and where the student will feel safe to talk.
2. Give the student as much personal space and sense of control as possible.
3. Take steps to avoid engaging in behaviors that the student may perceive as threatening. For example, allow the student to have adequate personal space and avoid situations where the student may feel trapped or blocked from leaving the area.

ASSESS SYMPTOMS AND BEHAVIORS

1. Listen to the student non-judgmentally and with empathy and genuine concern.
2. Speak clearly and use short sentences in a calm and reassuring tone of voice. Do not overwhelm the student with words as this will likely cause the student to become more stressed and anxious.
3. Remember that the beliefs and experiences such as hallucinations seem very real to the student, so do not argue, or try to reason with the student.
4. If the student does not start talking right away or you need to focus the student, ask **"What's going on with you right now? What's making you feel this way?"**
5. If the student is not able to describe why they are feeling or reacting the way they are, consider asking the following 2 questions, as appropriate:

    - ***"Have you recently taken any of your own medications or someone else's prescription medications?"*** If the student answers "yes," ask about the names of the medication/s, the number of pills/capsules they took, and what time they were taken. If the student reports, or is suspected of, misusing their own or someone else's medications, involve the Center Physician (CP).
    - If there are concerns about possible alcohol/drug use, ask ***"Have you recently used any alcohol or drugs?"*** If the student answers "yes," ask about the types of alcohol or drugs and how much and what time the substances were consumed. If the student reports, or is suspected of, having used a substance, involve the TEAP specialist, if possible, and/or follow Alcohol or Drug Use Behavior Treatment Guideline.

6. If there are any concerns about self-harm or suicide, assess for thoughts of self-harm by saying:

    - **"*Sometimes people feel that life is not worth living. How are you feeling about living right now?*"** *[wait]*
    - ***"Have you ever thought of harming yourself or trying to end your own life?"***
    - If the student answers "yes," ask ***"Are you feeling that way now?"***
    - If self-harm thoughts are present or questionable, follow the Suicidal Self-Directed Violence Treatment Guideline ("What to Do Next"). **Do not leave the student alone.**

7. If the student is not willing to participate in the assessment, ask the student if they would be willing to talk with the Center Mental Health Consultant (CMHC) (if available) or if there is a trusted staff member who could provide support and determine if that staff member is available to come assist.
8. The student should not be left alone until the acute symptoms diminish and/or risk behaviors are under control.
9. After the acute distress has been addressed, discuss with the student how a referral to the CMHC could be helpful to develop strategies for managing stress and their symptoms better.

WHAT TO DO NEXT

1. If assistance is needed to determine whether an emergency psychiatric evaluation is warranted, contact the CMHC and/or CP.
2. Students who are safe, yet struggling with psychotic symptoms, should be encouraged to meet with CMHC or CP for evaluation and/or treatment such as brief therapy and/or medication.
3. If the student is already in treatment for psychotic symptoms, determine whether the student has been adherent with any prescribed medications or therapeutic interventions. Consider how to address any issues of non-adherence.
4. Students who express an interest in starting medication to assist with psychotic symptoms or who would like a re-evaluation of their currently prescribed medication/s should be referred to the CMHC for assessment and the CP for follow-up.
5. If the student does not want to meet with the CMHC/CP, it is recommended that health and wellness staff alert the CMHC so that the student can be discussed at the next case management meeting and help identify ways for the counselor to support the student. The counselor can refer the student to the CMHC in the future, if needed.
6. If the student has received treatment for psychotic symptoms in the past, consider obtaining a signed *Authorization for Release of Information* from the student (or, if minor, parent/guardian) so that prior treatment records can be obtained and reviewed.

TREATMENT GUIDELINES FOR HEALTH STAFF
Post-Traumatic Stress Disorder (PTSD)/Acute Stress Disorder

COMMON SYMPTOMS OF PTSD AND ACUTE STRESS DISORDER			
Intrusive (where the mind is reliving the traumatic event)	**Avoidance**	**Negative Thoughts and Feelings**	**Reactivity**
• Repeated, distressing memories of the trauma • Nightmares about the traumatic event • Flashbacks, where it feels like the event is happening again	• Avoidance of people or situations that trigger memories of trauma • Avoid talking or thinking about the trauma	• See people and the world differently (e.g., the world may feel more dangerous, people untrustworthy) • Withdrawal from people • Decreased interest in activities • Difficulty experiencing positive emotions (happiness, excitement) and/or may feel stuck in negative emotions (anger, shame, guilt, numbness)	• Look keyed up or jittery • Have anger outbursts • Easily startled • Problems concentrating • Difficulty sleeping • Reckless behavior
Note: Trauma symptoms fall into these four main groups. It is important to remember that trauma is experienced differently, and symptoms may vary between students.			

Authorized health and wellness staff may treat acute symptoms of trauma and post-traumatic stress disorder (PTSD) as follows:

WHAT TO DO FIRST

1. Provide a private, supportive space where the student feels safe to talk.
2. Stay with the student—but give them as much personal space and sense of control as possible.
3. Speak in a calm tone of voice and avoid saying phrases like *"Calm down"* or *"Relax"* as these statements are not helpful. Instead, try to help the student identify and label what is happening. For instance, ***"It looks like you're feeling overwhelmed right now. I'll stay with you."***
4. If student seems afraid or disoriented, remind the student where they are and that they are safe: ***"You're in the H&W center with me, and you're safe."***
5. Suggest (say) to the student, ***"Taking several deep breaths will help to calm the nervous system. I will show you how. We can do it together."*** If the student is open to the suggestion, provide gentle coaching: ***"Breathe in slowly through your nose and then breathe out slowly through your mouth."***
6. Consider helping the student stay in the present by asking them to focus on their senses: describe 2 things they can see in the room, describe 2 things they can hear, and give them something they can feel (e.g., cotton balls, rubber bands, paper clips, etc.).

ASSESS SYMPTOMS AND BEHAVIORS

1. Listen to the student non-judgmentally and with empathy and genuine concern.

2. Allow the student to express their current feelings and concerns. Acknowledge the student's feelings. (Example: ***"I can see you're having a hard time right now."***)

3. Speak clearly and use short sentences in a calm and reassuring tone of voice. Do not overwhelm the student with words as this will likely cause the student to become more stressed and anxious.

4. Avoid giving advice, lecturing, or trying to "fix" the situation. Listening in an attentive way is the most helpful thing you can do to comfort a student.

5. Ask ***"What's going on for you right now? Why do you think you're feeling this way?"*** The student may be aware of what triggered their trauma response. Triggers can be external (person, place, sound, anniversary date) or internal (physical pain, strong emotion). If student can identify trigger, then empathize with them by saying something like, "***That must be hard."***

6. Ask ***"On a scale of 1-10, where 10 is the worst, how would you rate your*** *[anxiety]* ***right now?"***

7. If the student is not able to describe why they are feeling such intense emotion, consider asking the following 2 questions, as appropriate:

   - ***"Have you recently taken any of your own medications or someone else's prescription medications?"*** If the student answers "yes," ask about the names of the medication/s, number of pills/capsules …. If the student reports, ……. involve the Center Physician (CP).

   - If there are concerns about possible alcohol/drug use: ***"Have you recently used any alcohol or drugs?"*** If the student answers "yes," ask about the types of alcohol or drugs and how much and what time the substances were consumed. If the student reports, or is suspected of, having used a substance, involve the TEAP specialist, if possible, and/or follow Alcohol or Drug Use Treatment Guideline.

8. If there are any concerns about self-harm or suicide, assess for thoughts of self-harm by saying:

   - **"*Sometimes people feel that life is not worth living. How are you feeling about living right now?*"** *[wait]*

   - ***"Have you ever thought of harming yourself or trying to end your own life?***

   - If the student answers "yes," ask ***"Are you feeling that way now?"***

   - If self-harm thoughts are present or questionable, follow the Suicidal Self-Directed Violence Treatment Guideline ("What to Do Next"). **Do not leave the student alone.**

9. If the student is not willing to participate in the assessment, ask the student if they would be willing to talk with the CMHC (if available) or if there is a trusted staff member who could provide support, then determine if that staff member is available to come assist.

10. After the acute distress has been addressed, discuss with the student how a referral to the CMHC would be helpful to develop strategies for managing stress and their symptoms better.

WHAT TO DO NEXT

1. If assistance is needed to determine whether an emergency psychiatric evaluation is warranted, contact the CMHC and/or CP.
2. Students who have difficulty coping with trauma should be encouraged to meet with the CMHC, so that the CMHC can determine whether an evaluation and/or treatment such as brief therapy and/or medication would be helpful.
3. If the student is already in treatment, determine whether the student has been adherent with medications and/or therapeutic interventions. Consider how to address any issues of non-adherence.
4. Students who express an interest in starting medication to help with trauma should be referred to the CMHC, for assessment, and the CP for follow-up.
5. If the student is willing to meet with the CMHC/CP, consider having the student complete a trauma checklist such as the PTSD Checklist for DSM-5 (PCL-5) (PCL-5 in Spanish), which can be found on the following pages. **Make sure the completed PCL-5 is then attached to the CMHC referral form, so the CMHC can score and interpret it.**
6. If the student does not want to meet with the CMHC/CP, it is recommended that H&W staff alert the CMHC so that the student can be discussed at the next case management meeting and help identify ways for the counselor to support the student. The counselor can refer the student to the CMHC in the future, if needed.
7. If the student has received treatment for PTSD in the past, consider obtaining a signed *Authorization for Release of Information* from the student (or, if minor, parent/guardian) so that prior treatment records can be obtained and reviewed.

NAME:	DATE:

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

Source: https://www.ptsd.va.gov/professional/assessment/documents/PCL5_Standard_form.PDF

NOMBRE:	FECHA:

PCL-5

En el mes pasado, cuanto le ha molestado tener:	*No del todo*	*Un Poco*	*Moderado*	*Mucho*	*Extremadamente*
1. ¿Recuerdos repetitivos, inquietantes o no deseados de la experiencia estresante?	0	1	2	3	4
2. ¿Sueños repetitivos e inquietantes de la experiencia estresante?	0	1	2	3	4
3. ¿Repentinamente sintiéndose o actuando como si la experiencia estresante está pasando en realidad? (Como si estuviera en realidad reviviendo la experiencia)	0	1	2	3	4
4. ¿Sintiendo enojo cuando algo le recuerda esa experiencia estresante?	0	1	2	3	4
5. ¿Tiene fuertes reacciones físicas cuando algo le recuerda esa experiencia estresante? (Por ejemplo, fuertes latidos del corazón, problemas para respirar, sudor)	0	1	2	3	4
6. ¿El evitar recuerdos, pensamientos o sentimientos relacionados con la experiencia estresante?	0	1	2	3	4
7. ¿Evitar cosas externas que le recuerden experiencia estresante? (Por ejemplo personas, lugares, conversaciones, actividades, objetos u otras situaciones)	0	1	2	3	4
8. ¿Problemas recordando hechos importantes de la experiencia estresante?	0	1	2	3	4
9. ¿Tener fuertes convicciones negativas de usted mismo, otras personas, o el mundo (por ejemplo si tiene pensamientos como: Soy malo, hay algo seriamente malo conmigo, no puedo confiar en nadie, nuestro mundo es sumamente peligroso)?	0	1	2	3	4
10. ¿Culpa a sí mismo o a alguien por la experiencia estresante o lo que ocurrió después de eso?	0	1	2	3	4
11. ¿Tener fuertes sentimientos negativos como temor, horror, enojo, culpabilidad o vergüenza	0	1	2	3	4
12. ¿Perdida de interés en actividades que usted disfrutaba?	0	1	2	3	4
13. ¿Al sentirse distante o separado de otras personas?	0	1	2	3	4
14. ¿Dificultad para experimentar sentimientos positivos (por ejemplo, al ser incapaz de sentirse feliz o tener sentimientos de amor para las personas cercanas a usted)?	0	1	2	3	4
15. ¿Comportamiento irritable, arranques de enojo comportamiento agresivo?	0	1	2	3	4
16. ¿Tomar muchos riesgos o hacer cosas que puedan causar daño?	0	1	2	3	4
17. ¿Estar en "sobre alerta" o vigilante o en guardia?	0	1	2	3	4
18. ¿Sentir nerviosismo o fácilmente asustado?	0	1	2	3	4
19. ¿Al tener dificultad para concentrarse?	0	1	2	3	4
20. ¿Dificultad para dormir o quedarse dormido?	0	1	2	3	4

Source: https://riww.org/wp-content/uploads/2019/05/PCL-5-Spanish.pdf

Using the PTSD Checklist for DSM-5 (PCL-5)

The PTSD Checklist for *DSM-5* is a 20-item self-report measure that assesses the presence and severity of PTSD symptoms. Items on the PCL-5 correspond with DSM-5 criteria for PTSD. The PCL-5 has a variety of purposes, including:

- Quantifying and monitoring symptoms over time
- Screening individuals for PTSD
- Assisting in making a provisional diagnosis of PTSD

The PCL-5 should not be used as a stand-alone diagnostic tool. When considering a diagnosis, the clinician will still need to use clinical interviewing skills, and a recommended structured interview (e.g., Clinician-Administered PTSD Scale for *DSM-5*, CAPS-5) to determine a diagnosis.

The PCL-5 is a self-report measure that can be read by respondents themselves or read to them either in person or over the telephone. It can be completed in approximately 5-10 minutes. The preferred administration is for the patient to self-administer the PCL-5.

Respondents are asked to rate how bothered they have been by each of 20 items in the past month on a 5-point Likert scale ranging from 0-4. **Items are summed to provide a total severity score (range = 0-80).**

0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

The PCL-5 can determine a **provisional** diagnosis in two ways:

- **Summing all 20 items (range 0-80) and using a cut-point score of 31-33 appears to be reasonable based upon current psychometric work.** However, when choosing a cutoff score, it is essential to consider the goals of the assessment and the population being assessed. The lower the cutoff score, the more lenient the criteria for inclusion, increasing the possible number of false positives. The higher the cutoff score, the more stringent the inclusion criteria and the more potential for false negatives.
- Treating each item rated as 2 = "Moderately" or higher as a symptom endorsed, then following the DSM-5 diagnostic rule which requires at least: 1 Criterion B item (questions 1-5), 1 Criterion C item (questions 6-7), 2 Criterion D items (questions 8-14), 2 Criterion E items (questions 15-20). In general, use of a cutoff score tends to produce more reliable results than the DSM-5 diagnostic rule.

If a patient meets a provisional diagnosis using either of the methods above, he or she needs further assessment (e.g., CAPS-5) to confirm a diagnosis of PTSD. There are currently no empirically derived severity ranges for the PCL-5.

The entire 4-page instructional pamphlet can be found at:
https://www.ptsd.va.gov/professional/assessment/documents/using-PCL5.pdf

TREATMENT GUIDELINES FOR HEALTH STAFF
Suicidal Self-Directed Violence

DO NOT LEAVE STUDENT ALONE AT ANYTIME IF CONCERNED ABOUT SUICIDALITY!

COMMON SYMPTOMS OF SUICIDALITY	RISK FACTORS FOR SUICIDALITY
• Talking about committing suicide or harming oneself in some way • Having a plan for completing suicide • Taking steps to complete suicide (e.g., stockpiling pills, taking possession of a gun, etc.) • Rehearsing the act of suicide • Feelings hopeless or worthless • Talking, writing, or drawing about death • Withdrawing from social activities, ties, or relationships • Losing interest in normal pleasurable activities, and everyday activities • Posting "goodbye" messages on social media • Giving away or throwing away important personal belongings (getting their affairs in order) • Making statements like, "I won't be a problem for much longer," "Nothing matters anymore," "It's no use trying," and "I won't see you again" • **Becoming suddenly cheerful after a period of depression**	• Previous suicide attempt (regardless of how serious) • Experiencing a serious loss (personal relationships, job, death of a loved one, etc.) • Family history of suicide • History of abuse, being abusive or family violence • Having a mental illness and substance abuse (dual diagnosis) • Using/abusing alcohol or drugs • Severe disabling and/or chronic illness and/or severe pain • Being arrested or put in jail or prison

Authorized health and wellness staff may treat students with suicidal self-directed violence as follows:

WHAT TO DO FIRST

1. Take <u>all</u> suicide-related ideation, communications, and behaviors seriously.
2. Stay calm and say in a caring way something like: ***"I'm here to help you."***

If directed here from another Treatment Guideline start at Assess Symptoms and Risk Behaviors Part 2 described below.

3. Provide a private, supportive space where the student feels safe, and you can assess any possible self-harm.
4. Immediately assess whether a suicide attempt has occurred. Ask the student directly in a caring and non-judgmental way ***"I was told that you tried or wanted to end your life. Tell me what happened."***
5. If the suicide attempt is life-threatening and/or the student is not able to cooperate with the assessment, call 911 or immediately transport the student to the nearest emergency room per **center operating procedure (COP) for Mental Health Emergencies**. **Do not leave the student alone until they are safely transferred to medical care.**
6. If the suicide attempt is not life-threatening, treat any physical injuries per the center's medical protocol, then call 911 or immediately transport the student to the nearest emergency room per

COP for Mental Health Emergencies. Suicide attempts without serious self-harm should still be considered psychiatric emergency. **Do not leave the student alone until they are safely transferred to medical care.**

7. If no suicide attempt has occurred (only thoughts), proceed to the next section "Assess Symptoms and Risk Behaviors".

ASSESS SYMPTOMS AND RISK BEHAVIORS

1. Speak clearly and use short sentences in a calm and reassuring tone of voice. Do not overwhelm the student with words as this will likely cause the student to become more stressed and anxious.
2. Assess suicidal ideation (thoughts), intent, and plans. Start by saying to the student**: *"I know it might be difficult, but I will need to ask some questions about how you are thinking and feeling*."**
3. If the student is tearful, provide tissues. Avoid saying, ***"Stop crying"*** or offering empty words of reassurance like ***"It's going to be OK."*** Instead, just say, ***"I'm here with you."***
4. Avoid giving advice, lecturing, or trying to "fix" the situation. Listening is the most helpful thing you can do to support a student.
5. Start with the Part 1 questions if you did not assess current suicidal ideation using another treatment guideline. Start with the Part 2 questions on the next page if you *did* assess suicidal ideation using another treatment guideline. *Consider creating Suicide Assessment pocket cards* (see last page).

Part 1

Say in a caring and non-judgmental way: **"*Sometimes people feel that life is not worth living."***

1. ***How are you feeling about living right now?"*** *[wait]*
2. Ask ***"Have you ever thought of harming yourself or trying to end your own life?"***
3. Ask ***"Are you feeling that way now?"*** If "no," go to the next section "What to Do Next." If "yes," go to Part 2.

Start here if coming from another TG.

Part 2

1. Ask" Have ***you thought about how you would do it?"***

   If "no," go to next section ("What to Do Next"). If "yes," go to the next question.

2. Ask ***"Do you have a way to carry out that plan?"***

   If the student has a way (means) to hurt themselves such as a knife, razor, rope, etc. Calmly remove or have someone else remove the object(s). Go to the next question. **Do not leave student alone.**

3. Assess whether a suicide attempt has ever occurred in the past. Ask ***"Have you tried to end your own life in the past?"*** Go to the next question.
4. Ask the student directly, ***"Do you think you need to go to the emergency room to get help?"*** Go to the next section.

WHAT TO DO NEXT

1. If the student answers "yes" to any of the suicide risk assessment questions or if you are unsure about the student's level of risk or the student refuses to cooperate with the assessment, consult with the Center Mental Health Consultant (CMHC)/Center Physician (CP) or a local mobile crisis unit (if available) to determine if any immediate action is needed. If consultation is not available, maintain constant supervision and arrange for transport to the nearest emergency room for stabilization and psychiatric evaluation per the **COP for Mental Health Emergencies**. **Do not leave the student alone until they are safely transferred to medical care.**
2. If the student is not at imminent risk (low risk) (e.g., transient suicidal ideation with no intent, plan, means, and no history of suicide attempts) and the acute distress has been addressed, discuss with the student how a referral to the CMHC would be helpful to develop strategies for managing their mood and stress better. Refer the student to the CMHC for evaluation and treatment as soon as possible.
3. If the student does not want to meet with the CMHC, it is recommended that health and wellness staff alert the CMHC so that the student can be discussed with the student's counselor as soon as possible and help identify ways for the counselor to support the student. The counselor can refer the student to the CMHC in the future, if needed.

Suicide Risk Assessment

Before using this pocket card, develop rapport and help the student feel at ease by starting with these questions:

- How is the center treating you?
- How is the dorm?
- How is trade?
- How is the cafeteria?
- How is home?
- Do you have any concerns or issues going on that you feel you need help with?

Part 1

1. Say in a caring and non-judgmental way: **"*Sometimes people feel that life is not worth living. How are you feeling about living right now?*"** *[wait]*

2. Ask ***"Have you ever thought of harming yourself or trying to end your own life?*** Go to next question.

3. Ask ***"Are you feeling that way now?"*** If "no," stop and consult with Health and Wellness Director (HWD)/CMHC/CP. If "yes," go to Part 2.

Part 2

1. Ask" Have ***you thought about how you would do it?"***

   If "no," stop and consult with HWD/CMHC/CP. If "yes," go to the next question.

2. Ask ***"Do you have a way to carry out that plan?"***

   If the student has a way (means) to hurt themselves such as a knife, razor, rope, etc. Calmly remove or have someone else remove the object(s). Go to next question. **Do not leave student alone.**

3. Assess whether a suicide attempt has ever occurred in the past. Ask ***"Have you tried to end your own life in the past?"*** Go to the next question.

4. Ask the student directly, ***"Do you think you need to go to the emergency room to get help?"*** If "no," stop and consult with HWD/CMHC/CP.